## L10000063227

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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B. KOHR
JUN 1 5 2010

EXAMINER

## **COVER LETTER**

**Registration Section** 

Division of Corporations	
SUBJECT: Exceed Sports, L.L.C.	6
	Limited Liability Company
	•
The enclosed Articles of Organization and fee(s	a) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Charity N. Butler	
	Name of Person
Exceed Sports, L.L.C.	
Exacted Operior, E.E.O.	Firm/Company
9345 Chisholm Road #G-3	
9343 Chisholin Road #G-3	Address
Pensacola, FL 32514	City/State and Zip Code
charity@exceed-sports.com	S. Syround and S. Syround
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, 1	piease cali:
Charles N. Dutter	450.0752
Charity N. Butler  Name of Person	at ( 850 ) 450-9752  Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	nt:
☑\$125.00 Filing Fee ☐\$130.00 Filing Fee Certificate of Statu	
Mailing Address  Registration Section  Division of Corporati  P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	- 10 m
The name of the Limited Liability Co	mpany is:
Exceed Sports, L.L.C.	imited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	•
The mailing address and street addres	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9345 Chisholm Rd.	9345 Chisholm Rd.
#G-3	#G-3
Pensacola, FL 32514	Pensacola, FL 32514
The name and the Florida street addre  Charity N. Butler	55 Of the registered agent are.
	Name
9345 Chisholm F	Rd. #G-3
Floric	da street address (P.O. Box <u>NOT</u> acceptable)
Pensacola,	FL 32514
	City, State, and Zip
liability company at the place design registered agent and agree to act in the statutes relating to the proper and co	nt and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all amplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S
Mary	An Bith

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

TI.	<u>`itle:</u> MGR" = Manager MGRM" = Manag		Name and Address:	
N	<b>IGRM</b>		Charity N. Butler	
		•	9345 Chisholm Rd. #G-3	
			Pensacola, FL 32514	
M	IGRM		Jonathan M. Butler	
<u> </u>		•	9345 Chisholm Rd. #G-3	
			Pensacola, FL 32514	<del></del> -
_				
			1/20/	
·	Jse attachment if i	• ,	- CSI	ODTIONAL
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ARTICL (If an effe to or 90 d	EV: Effective datective datective date is listed ays after the date  EQUIRED SIGN  Si  (I	e, if other than the date, the date must be spot filing.)  ATURE:  gnature of a member of a accordance with section this document constitute.	r an authorized representative of a member.  n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)